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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number: 3235-0076

Expires:

Estimated average burden hours per response. 16.00

SEC USE ONLY



(check if this is an amendment and name has changed, and indicate change.) Name of Offering Crossland Tran Vo-2520 Phoenix Ave., Kingman, AZ 86401 Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Filing Under (Check box(es) that apply): Type of Filing: A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Blue Moon Capital, LLC Telephone Number (Including Area Code) Address of Executive Offices (Number and Street, City, State, Zip Code) 720-224-9900 1099 18th St., Suite 1725, Denver, CO 80202 Telephone Number (Including Area Code) Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) **Brief Description of Business** BEST AVAILABLE COPY Real Estate Private Placements Type of Business Organization other (please specify). Poty Mant Agrant. corporation limited partnership, already formed business trust limited partnership, to be formed Month Year Actual | Estimated Actual or Estimated Date of Incorporation or Organization: 0.140 0 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) CO

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- attention -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DAT	ГА								
2. Enter the information requested for the following:									
• Each promoter of the issuer, if the issuer has been organized within the past five year	rs:								
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer									
• Each executive officer and director of corporate issuers and of corporate general and	managing partners of partnership issuers; and								
• Each general and managing partner of partnership issuers.									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Office	cer Director General and/or Managing Partner								
Full Name (Last name first, if individual) Blue Moon Capital, LLC									
Business or Residence Address (Number and Street, City, State, Zip Code) 1099 18th St., Suite 1725, Denver, CO 80202									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Offic	cer Director General and/or Managing Partner								
Full Name (Last name first, if individual)									
Lemon, Robert L.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
1099 18th St., Suite 1725, Denver, CO 80202									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Offic	cer Director General and/or Managing Partner								
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Offic	cer Director General and/or Managing Partner								
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Offic	cer Director General and/or Managing Partner								
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Offic	cer Director General and/or Managing Partner								
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Offic	cer Director General and/or Managing Partner								
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
(Use blank sheet, or copy and use additional copies of th	is sheet, as necessary)								

					В. П	NFORMAT	ION ABOU	T OFFERI	NG					
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No X				
	Answer also in Appendix, Column 2, if filing under ULOE.													
2.	2. What is the minimum investment that will be accepted from any individual?								\$ <u>144</u>	,638.54				
3.	3. Does the offering permit joint ownership of a single unit?									Yes №	No			
4.	Enter th	e informati	ion request	ed for eac	h person w	ho has bee	n or will b	e paid or g	given, dire	ctly or indi	irectly, any			
	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.								with a state					
	l Name (I intus, Erik		first, if indi	vidual)										
Bu	siness or I	Residence .	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)							
			50, Denve		202									
			oker or Dea	ler										
		inancial, l	Listed Has	Caliaitad	or Intends	to Solicit	Durchasars				·			
Sta			or check:	•								☐ All States		
	AL	[AK]	AZ	AR	CA	ÇO	CT	DE	DC	FL	[GA]	HI	[ID]	
		IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
	(MT)	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA	
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR	
	Full Name (Last name first, if individual) Ojeda, Roland													
Bu	siness or	Residence	Address (N			ity, State, 2	Zip Code)				 		<u>-</u>	
Na	me of Ass	ociated Br	oker or Dea	ıler										
BI	ue Moon	Financial,	LLC										· · · · · · · · · · · · · · · · · · ·	
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers							
	(Check	All States	" or check	individual	States)				***************************************				l States	
	AL	AK	AZ	AR	CA	©	CT	DE	DC	FL	[GA]	H	ID	
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS]	MO	
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NŸ VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR	
Ful			first, if indi		<u> </u>			(17.)					(1.10)	
											_			
Business or Residence Address (Number and Street, City, State, Zip Code)														
Name of Associated Broker or Dealer														
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers														
(Check "All States" or check individual States)							☐ Al	l States						
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	
							MN	MS	MO					
	MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI							OR WY	PA PR					
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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \prod and indicate in the columns below the amounts of the securities offered for exchange and			
	already exchanged.	Aggregate		Amount Already
	Type of Security	Aggregate Offering Price	3	Sold
	Debt	0.00		\$_0.00
	Equity	0.00	_	§ 0.00
	☐ Common ☐ Preferred		_	
	Convertible Securities (including warrants)	0.00		0.00 \$
	Partnership Interests		_	S 0.00
	Other (Specify Property Mgmt Contract)			s 144,638.54
	Total	144,638.54	-	\$ 144,638.54
	Answer also in Appendix, Column 3, if filing under ULOE.	1	_	· · · · · · · · · · · · · · · · · · ·
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	3	_	\$ 144,638.54
	Non-accredited Investors	0		\$_0.00
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	T was of Official	Type of Security		Dollar Amount Sold
	Type of Offering	•		\$ Solu
	Rule 505		_	\$ \$
	Regulation A		_	
	Rule 504		_	\$ \$ 0.00
	Total		_	\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$
	Printing and Engraving Costs			\$_0.00
	Legal Fees		Z	\$ 500.00
	Accounting Fees		7	\$_1,000.00
	Engineering Fees			\$_0.00
	Sales Commissions (specify finders' fees separately)		$\overline{\mathbf{Z}}$	\$_4,212.74
	Other Expenses (identify) Fed-Ex, Office Supplies		Z	\$_500.00
	Total		7	§ 6,212.74

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS		
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	\$	138,425.80	
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.	l		
		Payments to Officers, Directors, & Affiliates	Payments to Others	
	Salaries and fees		☐ \$ 0.00	
	Purchase of real estate		\$ 0.00	
	Purchase, rental or leasing and installation of machinery and equipment	_	 	
	Construction or leasing of plant buildings and facilities	\$ 0.00	0.00	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$ 0.00	
	Repayment of indebtedness	s_0.00	\$_0.00	
	Working capital	\$ <u></u> 0.00	2 \$ 138,425.80	
	Other (specify):	□ \$ <u>0.00</u>	\$_0.00	
		\$	\$_0.00	
	Column Totals	\$ 0.00	/ \$ 138,425.80	
	Total Payments Listed (column totals added)	 ∑ \$ 138,425.80		
	D. FEDERAL SIGNATURE			
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commister information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ssion, upon writt	en request of its staff	
Iss	uer (Print or Type) Signature	Date 4/2	121	
Bl	ue Moon Capital, LLC		/ 0%	
Na	me of Signer (Print or Type) Title of Signer (Print or Type)			
Rol	pert L. Lemon Managing Member			

- ATTENTION -